

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>									
<b>1. Name and Address of Committee</b>  CEDRIC B GLOVER P.O. Box 38184 Shreveport, LA 71133-8184  Check If: New Committee <input type="checkbox"/>	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/31/2012</div> <b>3. Estimated Membership</b>  <div style="text-align: center;">10</div> <b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No </div>	<b>Report Number:</b> 34547  <b>Date Filed:</b> 2/4/2013									
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>LYNN BRAGGS</td> <td>Chairperson</td> <td>2229 North Cross Drive  Shreveport, LA 71107-9433</td> </tr> <tr> <td>TALMADGE E MITCHEL</td> <td>Treasurer</td> <td>1240 Milam ST  Shreveport, LA 71101</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	LYNN BRAGGS	Chairperson	2229 North Cross Drive  Shreveport, LA 71107-9433	TALMADGE E MITCHEL	Treasurer	1240 Milam ST  Shreveport, LA 71101
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<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 67%;"><u>b. Address</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>							
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<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate CEDRIC B GLOVER	c. Office Sought by the Candidate None Caddo 4										
<b>9. a. Name of Person Preparing Report</b>  b. Daytime Telephone											
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>4th</u> day of <u>February</u> , <u>2013</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;"> <u>Lynn Braggs</u>  Signature of Committee/Chairperson </td> <td style="width: 40%; text-align: center;"> <u>318-422-7158</u>  Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> <u>Talmadge E Mitchel</u>  Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> <u>318-675-1945</u>  Daytime Telephone </td> </tr> </table>			<u>Lynn Braggs</u> Signature of Committee/Chairperson	<u>318-422-7158</u> Daytime Telephone	<u>Talmadge E Mitchel</u> Signature of Committee Treasurer, if any	<u>318-675-1945</u> Daytime Telephone					
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